

RIGHTS OF PATIENT

DISCLOSURE OF OWNERSHIP*: Your Physician does have a financial interest in the facility. The medical staff, governing body, and personnel of the Endoscopy Center of Red Bank recognize the basic human rights of patients. Efforts are directed to providing care commensurate with those basic human rights. Patients have the right to:

- Be informed of his or her rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for care.
- Considerate, respectful, and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment, and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage if applicable.
- Receive complete information from his/her physician about his/her diagnosis, illness, course of treatment, risks, benefits, alternative treatments, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand. Your physician should discuss these with you prior to the procedure and give you the opportunity to ask any questions you may have.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment of non-treatment, and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed by the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his/her care.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding, and as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his/her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should the patient wish to communicate a concern regarding the quality of care received. The patient can file a grievance with the facility's Director of Nursing Services at 732-842-9129, ext. 137, by e-mail at gperentesis@rbgastro.com, or by mail, at 365 Broad Street, Suite 2E, Red Bank, NJ 07701; or the patient can file a grievance with the New Jersey State Department of Health and Senior Services/Consumer and Environmental Health Services at PO Box 369, Trenton, NJ 08625-0369. A grievance may also be filed with AAAHC @ 5250 Old Orchard Road, Suite 200, Skokie, IL 60077, Phone 847-853-6060. If the patient files a grievance with the surgery center, he/she will be provided with a written notification of the grievance determination containing the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date. Be advised of contact information for the state agency to which complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman. www.cms.hhs.gov/center/ombudsman.asp or NJDOHSS Complaint Hotline: 1 800-792-9770
- Be advised if the facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment, or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a fully informed consent process as it relates to the research, investigation, and/or clinical trial. All information provided to the subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- All facility personnel, medical staff members, and contracted agency personnel performing patient care activities shall observe these patients' rights.
- To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6.

*DISCLOSURE: The Endoscopy Center of Red Bank is a corporation whose investors are Dr. Joseph Binns, Dr. Robert Gialanella, Dr. Gregory Heyt, Dr. Y. Alexis Choi, Dr. Howard Hampel, Dr. Douglas M. Weine, and Dr. Subha Sundararajan. The physician investors have established the ambulatory surgical center, designed primarily for performing endoscopic procedures, and refer patients to the Endoscopy Center of Red Bank for procedures. The Red Bank Gastroenterology Laboratory was developed to facilitate timely, accurate pathologic interpretation of endoscopic biopsies and is staffed by a Pathologist with dedicated training in Gastroenterologic Pathology.

Patients Signature indicating awareness of above _____ Date _____

ADVANCED DIRECTIVE–LIVING WILL

On January 11, 1992, a New Jersey law took effect which mandates that all health care facilities ask patients whether they have an Advanced Directive or Living Will. At The Endoscopy Center of Red Bank we have made this a part of our admitting process.

An Advanced Directive or Living Will is a document which allows you to give written instructions to those caring for you indicating the type of health care you would wish to receive or reject in the event you become unable to express these decisions yourself. If you have an Advanced Directive or Living Will, please bring a copy of it with you to the center on the day of your procedure. While you are a patient at the Endoscopy Center of Red Bank, your Advanced Directive WILL NOT be honored. Should you be transferred to a hospital, a copy of your Advanced Directive will be sent with you.

There are three different types of Advanced Directives:

1. **A PROXY DIRECTIVE** This is a document in which a competent adult names a trusted relative or friend to make health care decisions on their behalf when they are unable to make these decisions.
2. **AN INSTRUCTION DIRECTIVE** In this document, the person writing it provides written instructions concerning the type of medical treatment they want or do not want performed for them and under what circumstances.
3. **A COMBINED DIRECTIVE** In the document, a competent adult stated their general wishes regarding the kind of health care they wish to receive but appoints a trusted relative or friend to carry them out.

A brochure containing living will information is available from the Division of Aging. If you wish to receive a brochure, please make your request to:

The Division of Aging
101 South Broad Street
CN807
Trenton, NJ 08625

For more information contact:
State of New Jersey Department of Health and Senior Services
P.O. Box 360, Trenton, NJ 08625-0360
Phone: (609) 292-7837
www.state.nj.us/health/advanceddirective/

Do you have an **ADVANCED DIRECTIVE OR LIVING WILL**? _____ **YES** _____ **NO**

If yes, please send or bring it to the center prior to your scheduled procedure.

Patients Signature indicating awareness of above _____ Date _____

RESPONSIBILITIES OF PATIENTS

The care a patient receives depends partially on the patient him/herself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary and herbal supplements) and dosages, allergies and sensitivities, and other matters relating to the patient's health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- It is the patient's responsibility to notify the facility if he/she has not followed the pre-operative instructions given by their physician and/or facility personnel.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours.
- In the case of pediatric patients, a parent or legal guardian must remain in the facility for the duration of the patient's stay in the facility.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible. Ultimate financial responsibility is the patient's, regardless of the insurance coverage he/she may have.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible to inform the facility about the patient's Advance Directives.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- Patient's signature represents he/she has received written and verbal information regarding physicians' financial interest in the Facility, Advance Directives, grievance process and on the informed consent process prior to the day of their procedure.

APPOINTMENT CANCELLATION / NO SHOW POLICY

Red Bank Gastroenterology and the Endoscopy Center of Red Bank requires notice for a cancelled appointment. If you are unable to keep your procedure appointment two business day notice is required. There will be a \$300 charge for a missed procedure. If you are unable to keep your Office Appointment a 24 hour notice is required. There will be a \$75 charge for missed office appointments. It is not our intent to inconvenience any of our patients, but in order to run our office as efficiently as possible we need to utilize canceled appointments for other patients.

BY SIGNING BELOW:

I acknowledge that the Endoscopy Center of Red Bank has provided me with information regarding:

A. Patient Rights and Responsibilities including cancellation policy

B. Physician ownership

C. Information about Advance Directives *Including information about how to formulate an advance directive, (if needed)*

D. APPOINTMENT CANCELLATION / NO SHOW POLICY

I am aware that if I need to cancel or reschedule my procedure, 2 business days' notice are required or I am subject to a \$300 charge and for office appointments a 24 Hour notice is required or I am subject to \$75 charge.

Patients Signature indicating awareness of above _____ Date _____

Phone # _____ permission is given to leave a message for arrival time and billing messages only.

Authorization will remain in effect until our office receives written notification. _____

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